DOCUMENT RESUME

ED 204 879 EC 133 346

AUTHOR Towers, Richard L.
TITLE Toward Nonbiased, Cross-Cultural Assessment of Limited English Proficient Students in Montgomery County, Maryland, Public Schools.
PUB DATE Feb 81
NOTE 30p.: Paper presented at The Council for Exceptional Children Conference on The Exceptional Bilingual Child (New Orleans, LA, February, 1981, Session F-8).

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS *Culture Fair Tests: *Disabilities: Elementary Secondary Education: Evaluation Methods: *Handicap Identification: Indochinese: Spanish Speaking: *Student Evaluation: *Teamwork
IDENTIFIERS *Limited English Speaking: Maryland: *Montgomery County Public Schools MD

ABSTRACT

The Montgomery County Maryland, public school system utilizes a bilingual assessment team as a means toward achieving nonbiased, cross cultural assessment to identify handicaps in limited English proficient students. Special education placement begins with referral from a teacher, parent, counselor, or the student himself: moves to consultation between the teacher and the parents: and if necessary involves the school educational management team and the school admissions, review, and dismissal committee. In addition to the actual assessment process, the bilingual assessment team provides services which include translation, interpretation, referral, inservice training, and work with parents. (SB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED204879

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
This document has been reproduced as received from the person or organization originating it.
Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

TOWARD NONBIASED, CROSS-CULTURAL ASSESSMENT OF LIMITED ENGLISH PROFICIENT STUDENTS IN MONTGOMERY COUNTY, MARYLAND, PUBLIC SCHOOLS

By

Richard L. Towers

Director of School-Based Programs

Office of Continuum Education

Montgomery County Public Schools

Rockville, Maryland

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Richard L. Towers

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

Presented at the

Council for Exceptional Children Conference on the

Exceptional Bilingual Child

February 20, 1981

New Orleans, Louisiana

EC133344

ACKNOWLEDGEMENT

Acknowledgement is hereby given to Dr. Joan V. Cisz, Supervisor of Special Education, Montgomery County Public Schools, and the members of the Bilingual Assessment Team: Ms. Maria Carbonell, Ms. Evelyn Davidson, Dr. Sherry Migdail, and Dr. Ton Toai. Grateful appreciation also is extended to Mr. Joseph Yuhas and Mrs. Georgann Hamilton who assisted in the preparation of this paper and to Ms. Elizabeth Knight who contributed to the formulation of the Bilingual Assessment Team concept.

TOWARD NONBIASED, CROSS-CULTURAL ASSESSMENT OF LIMITED ENGLISH PROFICIENT STUDENTS IN MONTGOMERY COUNTY, MARYLAND, PUBLIC SCHOOLS

As we all know, the problems of bias in assessing students suspected of having handicapping conditions are myriad. Some of the more prominent causes of these problems as they concern limited English proficient (LEP) students include: 1) problems of cultural bias associated with standardized (and nonstandardized) tests and assessment procedures; 2) problems of language associated with tests and assessment procedures. In both instances these problems can and do relate to qualified examiners and other school personnel, who interact with the LEP student and his/her family. Indeed, the lack of understanding of the LEP student's native language and culture on the part of school personnel may be the major obstacle to nonbiased assessment. Add to this the problems of ambiguity in some of the federal handicapping condition definitions (especially those for emotionally impaired and learning disabled), and it is easy to understand why too often LEP students may be indiscriminately referred to special education programs when they are not in fact handicapped or may not be receiving needed services to deal with a bona fide handicapping condition simply because school officials do not feel capable of properly identifying and documenting such conditions.

In Montgomery County, Maryland, public schools an attempt to deal constructively with this problem is taking place. This attempt focuses on the human element as opposed to emphasizing instruments and procedures. (See companion paper, "The Case for Training Teachers in Nonbiased Assessment" by Elizabeth Knight.) There are several reasons for this: 1) The LEP student population of Montgomery County is extremely heterogeneous with well over 75 different language groups represented. (See Appendix A.) This makes it impractical to overly depend on appropriate translations of particular standardized instruments or even nonstandardized locally developed tests, although we certainly do make use of both. 2) Montgomery County is fortunate in that it is located in the Washington, D.C., metropolitan area and can draw upon a number of highly trained professionals representing a large variety of language groups. 3) MCPS firmly believes that no matter how foolproof its instruments or how appropriate its procedures are, if the individuals utilizing them do not have the appropriate skills and insights, then nonbiased assessment of LEP students will not be achieved.

To the extent that other school systems have populations and conditions similar to it, the MCPS experience may prove useful; and even for school systems quite unlike it, some facets of the MCPS experience may be appropriate. It is with this caveat and an admission that the following description is of an attempt to better assess LEP students that still is in its incipient stages that this paper is offered.

BACKGROUND

The Montgomery County, Maryland, public school system (MCPS), located outside Washington, D.C., covers approximately 500 square miles of urban, suburban, and rural communities. Like many school systems, its student population has been decreasing over the last 10 years and currently numbers approximately 99,000 students. It ranks within the top 25 largest school systems in the United States and traditionally has been known as a highly innovative academically-oriented school district. Because of its immediate proximity to Washington, D.C., MCPS has traditionally enjoyed a sizeable population of immigrants, migrants, and diplomatic families from around the world. Because of social and political crises in various parts of the world over the last several years, both the size and nature of MCPS' LEP population have changed significantly. The number of Indochinese refugee students, for example, has tripled within the last 3 years, and the total LEP population of the school system has doubled over the last 5 years from approximately 1,500 youngsters in 1977 to about 3,000 in 1981. This during a time when MCPS' overall student population has decreased by roughly 14,000 students.

Many of the new LEP students in MCPS are Vietnamese, Cambodians, El Salvadorians, Cubans, Nicaraguans, and others who have fled from their countries during periods of crisis and extreme stress. This new wave of political and economic refugees differs from the greater percentage of children of diplomats and international businessmen who were more highly educated and

affluent which comprised much of the LEP population in the past. One would assume, therefore, that the incidence of handicapping conditions among our current LEP student population would be greater than it has been in the past. This is not the case, however, as is explained below.

The major language groups within the county are Spanish language groups which account for approximately 30 percent of all LEP students in MCPS followed by Vietnamese, Korean, Chinese, Japanese, Portuguese, Farsi, and Hebrew. (See Table I) Instructional programs for LEP students in MCPS, as mandated by a Board of Education policy, include some of five different approaches since it is believed that no one single approach is necessarily appropriate for all LEP students. They are: 1) English as a Second Language (ESL) instruction which is a minimum requirement for all LEP students; 2) intensive English instruction which is ESL for most, if not all, of the school day for a limited period of time until certain levels of proficiency are reached; 3) formal instruction in the student's native language as well as in English; 4) tutoring on a one-to-one or small group basis in either the student's native language or in English; and 5) alternative education courses which are specific academic courses taught in English but designed for the LEP student.

Approximately 11.5 percent of MCPS' population is categorized as handicapped. (See Table IIA, IIB, and III) About three percent of this student population is limited English proficient; that is, they require instructional

TABLE I

LIMITED ENGLISH PROFICIENT ENROLLMENT
BY MAJOR LANGUAGE GROUPS WITHIN
MONTGOMERY COUNTY PUBLIC SCHOOLS

Language Group	Actual Enrollment	Percentage of Total LEP Enrollment
Spanish	925	32.6 %
Vietnamese	414	14.6 %
Korean	244	8.6 %
Chinese *	222	7.8 %
Japanese	121	4.2 %
Portugese	85	3.0 %
Farsi	84	3.0 %
Hebrew	70	2.5 %
All Others **	669	23.7 %
TOTAL	2,834	100 %

* Chinese includes Cantonese, Fukinese, Mandarin, Shanghaise, and Taiwanese.

** Represents an additional 78 different languages.

TABLE IIA

ENROLLMENT IN SELECTED PROGRAMS

Program	Actual Enrollment *	Percentage of MCPS Population
Total MCPS Enrollment	98,843	100 %
Total Handicapped	11,323	11.5 %
Limited English Proficient	2,834	2.9 %

* Enrollment data as of November 1, 1980, as prepared for the MCPS FY 82 Operating Budget.

TABLE IIB

MCPS HANDICAPPED STUDENTS BY LEVEL OF SERVICE

Service Level	Enrollment *	Percentage of Total Handicapped Population
Level 1, 2, and 3 Resource Room (5,012) Itinerant Speech (2,600)	7,612	67 %
Level 4 Special (self-contained) class (mostly LD classes with a few EI, MR, and Speech & Language)	2,013	18 %
Level 5 Special School/Center (LD, MR, EI, Orthopedic, Vision, and Auditory)	1,698	15 %
TOTAL	11,323	100 %

* Nonpublic Placements: 172 residential (Level 6) and approximately 500 day-school (Level 5).

accommodations as indicated above. Actual minority population in the county is much greater, accounting for roughly 22 percent of the total student enrollment.

As Table IV indicates, while Blacks in Montgomery County tend to be over-represented in special education programs, Asians and Hispanics are under-represented. In light of the crisis situations from which many of the recent LEP enrollees have come, this is a cause for concern and is one of the factors that has led to the formation of a bilingual assessment team in Montgomery County Public Schools.

SPECIAL EDUCATION REFERRAL AND ASSESSMENT

Procedures for referring and assessing children suspected of having handicapping conditions in MCPS are compiled in various handbooks for general and special educators at the elementary and secondary levels in the school district. In general, these procedures are summarized and schematically portrayed in the accompanying illustration entitled "Summary of Access to Continuum Education Services Procedures for MCPS Secondary Schools." In brief, a teacher, a parent, a counselor, or even the student himself may refer or initiate a referral based on some concern or other. Usually, the general staff (that is, the classroom teacher) would consult with parents and attempt an adjustment or strategy to deal with the problem. If this attempt does not meet with success, the classroom teacher usually notifies the parent that the child's problem will be

TABLE III

LIMITED ENGLISH SPEAKING STUDENTS RECEIVING
SPECIAL EDUCATION SERVICES [1]

Handicapping Condition	Number of LEP Students Receiving Special Education Services	Percentage of Total Handicapped Population
Emotional Impairment	0	-
Mental Retardation	1	.01
Learning Disabilities	73	.6%
Orthopedic Impairment	1	.01%
Speech and Language	34	.3%
Vision Impairment	1	.01%
Multi-Handicap	1	.01%
Auditory Handicap	3	.02%
TOTAL	114	.96%

[1] January, 1981, Continuum Education Data System Statistics. ("LEP Student", for purposes of this table, is defined as one who is currently enrolled in ESOL or Bilingual instruction program.)

TABLE IV

MINORITY GROUP MEMBERSHIP OF MCPS PUPILS [1]

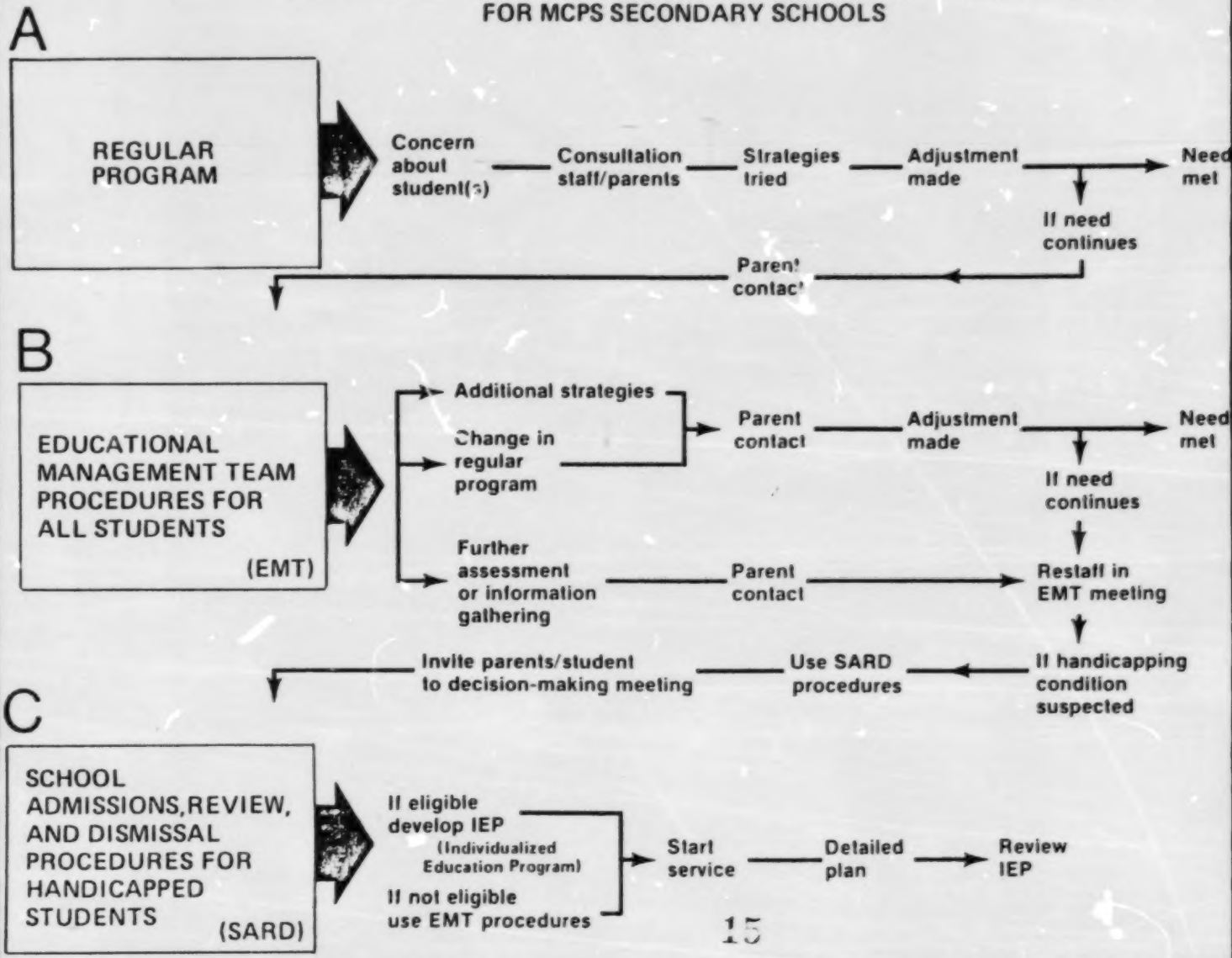
MINORITY GROUP	COUNTY TOTALS	SPECIAL EDUCATION	DISCREPANCY
BLACK	12.1 %	26.3 %	+ 14.2 %
ASIAN	5.7 %	2.2 %	- 3.5 %
HISPANIC	3.8 %	2.9 %	- .9 %
AMERICAN INDIAN	.2 %	.2 %	---
TOTAL MINORITY	21.7 %	31.6 %	+ 9.9 %

[1] OCTOBER, 1980, DEPARTMENT OF EDUCATIONAL ACCOUNTABILITY REPORT ENTITLED "MINORITY GROUP MEMBERSHIP OF PUPILS"

discussed with the school educational management team (EMT). The EMT is simply a school-wide committee usually composed of a principal, various specialists in fields like special education, reading, and speech, a counselor, and classroom teachers (typically those whose children are being discussed by the committee). The EMT may suggest additional strategies or bring to bear additional resources available in the school to try to meet the child's needs; or the group may decide that formal assessment is required to gather information. In that case, informed consent is secured from the parent for testing and a referral is made either to the special educator in the building who is assigned the responsibility for diagnostic testing and educational evaluations or to professionals such as speech pathologists, psychologists, or others who are officed in the administrative area headquarters in which the school is situated. Each of the special services offices within an administrative area headquarters is staffed by psychologists, pupil personnel workers, educational diagnosticians, and speech pathologists. If on the basis of informal assessment there appears to be appropriate documentation of a handicapping condition, then a school admissions, review, and dismissal (SARD) committee is convened. This group is roughly equivalent to the concept of team and parent involvement in all aspects of the identification, placement, and provision of special education services to handicapped children which is fundamental to P.L. 94-142. The SARD invites the child's parents to meet with them and examines the assessment information which is provided by the qualified examiner as well as by the child's teacher. Composition

MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland

SUMMARY OF ACCESS TO CONTINUUM EDUCATION SERVICES (ACES) PROCEDURES FOR MCPS SECONDARY SCHOOLS



of this committee, in addition to the parent, includes the child's teacher, an administrator, the student when appropriate, a special educator, the school nurse or physician, and others as appropriate. The group tries to reach consensus on a handicapping condition as well as appropriate placement for the child. It is, of course, responsible for developing the child's individual educational program.

Table V is a brief summary of screening instruments typically used to assess for some common handicapping conditions within MCPS. According to federal regulations, a qualified examiner is a person who meets the state recognized or approved licensing or certification requirements. For purposes of educational assessments which include, as appropriate, an assessment of reading, math, spelling, written and oral language skills, and perceptual motor functions, MCPS and the state of Maryland recognize the special education teacher as a qualified examiner. Assessments of cognitive or emotional factors, however, are performed by licensed school psychologists. Assessments of speech and language are typically administered by certified speech therapists. Physical assessments are administered by appropriately licensed or certified medical, opthalmological, audiological, or neurological staff. While MCPS staff generally are not confined to using only those instruments listed in Table V, some effort is made to standardize, where possible, types of instruments and procedures used for various handicapping conditions. In the examples listed there, however, additional assessment may and often does occur as needed. It is not unusual, on the basis of initial

TABLE V

Standardized Tests Commonly Used to
Document a Handicapping Condition

Suspected Handicap	Suggested Screening Instrument	Evaluator *
Learning Disabilities	1. Otis Lennon Mental Abilities Test (and)	Teacher
	2. Stanford Achievement Test (or)	Teacher
	Metropolitan Achievement Test (or)	Teacher
	PIAT	Teacher
	3. Slingerland Screening Test for Language Disabilities (or)	Teacher
	Malcomesius Language Disabilities Test	Teacher
	4. WISC - R (or)	Psychologist
	Stanford Binet as part of an individual psychological test battery	Psychologist
Mental Retardation	1. WISC - R (or)	Psychologist
	Stanford Binet as part of an individual psychological test battery	Psychologist
	2. Vineland Social Maturity Test (or)	Psychologist
	AAMD Adaptive Behavior Scale (and)	Psychologist
	3. Devereaux Behavioral Rating Scale	Psychologist
	4. Appropriate educational assessments such as Dolch Word Lists, Letter Names and Sounds Survey, Silvaroli Reading Test, etc.	Psychologist or Teacher
Seriously Emotionally Disturbed	1. Interview with parents, teacher(s) or student (and)	Psychologist
	2. Observation (and)	Psychologist
	3. Rorschach (or)	Psychologist
	School Apperception Test (or)	Psychologist
	Rosensweig Picture Frustration Test (and)	Psychologist
	4. WISC - R (or)	Psychologist
	Stanford Binet (or)	Psychologist
	Columbia Mental Maturities Test (or)	Psychologist
	Raven Test (and)	Psychologist
	5. Woodcock/Johnson Psychoeducational Test Battery	Psychologist

* Teacher may be the classroom teacher, resource room teacher, diagnostic/prescriptive teacher, reading teacher or specialist, educational diagnostician or speech pathologist.

screening, to refer a child for neurological or perhaps psychiatric assessment. This may be done on a contractual basis by physicians in the area or by staff of the county health department or, in many cases, by private physicians selected by the child's family.

Of the approximately 40 psychologists employed within MCPS, no more than two or three over the last several years have been fluent in more than one language. Generally, this staff as well as educational diagnosticians and speech pathologists have tended to feel uncomfortable assessing children from different language and cultural backgrounds. Unlike the situation found by Mercer in her 1971[1] study, LEP children in MCPS have not tended to show up in inordinate proportions in classes for the mentally retarded. Indeed, they have not tended to show up to any significant degree in any of the various programs for the handicapped which MCPS has operated for the past 15 years. Whether this has been because, in the past, traditionally the LEP population in MCPS has come mostly from the diplomatic and international business community or because ESL and bilingual instructional program options have assumed the responsibility for these children is unclear. Nevertheless, the situation as demonstrated by the above tables clearly shows underrepresentation of LEP students in programs for the handicapped.

---

[1] Mercer, J.R. "I.Q.: The Lethal Label." Psychology Today 6 (September 1972): 44-47.

BILINGUAL ASSESSMENT TEAM

To deal with this problem, the concept was formulated based on the proposition that children's needs are best served by sensitizing the staff who serve them and by making human resources capable of adequately serving their needs available. Since the organizational structure of MCPS is such that the division responsible for special education programs and the division responsible for the instruction of LEP children both are contained within the same department, it was decided that an interdisciplinary unit should be developed to deal with the problem of referral and assessment of LEP students suspected of being handicapped. The combined expertise of ESL/bilingual educators and special educators was thought to be required in order to a) demonstrate to the school system that the needs of LEP handicapped children are best served when these two disciplines work together, and b) offer a comprehensive program service within MCPS. In addition to engaging in the actual assessment process itself, the bilingual assessment team concept envisions the provision of a number of other services as well. (See Table VI) These services include translation, interpretation, referral, and inservice training. Ideally, the team would consist of educational diagnosticians, speech pathologists and psychologists, all of whom would be bilingual as well as trained in cross-cultural assessment. During this first year of operation (1980-81), the team is made up of a bilingual psychologist (Spanish/English) and three bilingual educational diagnosticians (one Spanish/English, one English/Spanish, and one Vietnamese/English).

TABLE VI

MONTGOMERY COUNTY PUBLIC SCHOOLS

Bilingual Assessment Team

Services Available	Staff
Translation	Bilingual Psychologist (Spanish)
Interpretation	Bilingual Diagnostic/Prescriptive Teacher (Spanish)
Educational Assessment	Bilingual Diagnostic/Prescriptive Teacher (Spanish)
Psychological Assessment	Bilingual Diagnostic/Prescriptive Teacher (Vietnamese)
Referral Services (tutoring, placement, etc.)	All of the above
In-service Training	

The services of speech pathologists from within the school system also are available in the following languages: Spanish, French, Portuguese, German, and Chinese (Mandarin). Through the team, translation and interpretation services privately contracted for are available in a variety of languages including Arabic, Cambodian, Chinese (Mandarin and Cantonese), Farsi, French, Greek, Italian, Japanese, Korean, Lao, Portuguese, Vietnamese. In addition, per diem psychologists who are fluent in English and the following languages are available: Chinese, French, German, Korean, Spanish, Vietnamese. Obviously, the closeness of MCPS to the nation's capitol with its large diplomatic and international community has proven extremely valuable.

The staff development or inservice training aspect of the bilingual assessment team's mission is centered around the sensitizing of ESL/bilingual teachers toward the field of special education, on the one hand, and of special education staff toward the needs and conditions of LEP students on the other. Bridging this two-pronged approach to inservice training has been the ongoing orientation and sensitization of general education staff within the school system toward the needs of LEP handicapped children. The specific kinds of problems to be dealt with here tend to revolve around the indiscriminate referral of LEP children by general classroom teachers for special education screening simply because the child does not understand English, on the one hand, and the inappropriate lack of referral of LEP children who may indeed have a bona fide handicapping

condition but who are so quiet and unobtrusive that no one notices them.

An example of the latter situation comes to mind in the case of a ten year old Spanish speaking youngster from Peru who, but for the intervention of a bilingual psychologist, probably never would have been assessed as in need of psychiatric help and in danger of doing harm to himself or others. In this particular case, the child was quiet and unobstrusive and caused no trouble to either his ESL/bilingual teacher, who was somewhat overly protective of him and refused to believe there was anything wrong with him, or to his other teachers who, although less involved subjectively, were not overly concerned about the boy since he caused no problems for them. As it turned out, interviews with the child's teachers, which ascertained that he associated only with girls at school, was lacking in proper development of social skills, and was somewhat delayed in his psychomotor development, and with his aunt and uncle, which produced a background history of abandonment by his father, alcoholism and child abuse by his mother, and subsequent abandonment by the mother as well, led to follow-up psychological assessment demonstrating preoccupation with death, killing, massacre, as well as fantasies regarding his murdering his mother, his mother's suicide, and his own suicide. The other extreme is perhaps portrayed by the many, many cases encountered of referral by general classroom teachers who mistake problems with second language acquisition with either learning disabilities or mental retardation. One teacher, for example, assuming that because the LEP child came from a family associated with the embassy of a

South American country that the family and, therefore, the child must be affluent, highly educated, and speak perfect English, her expectations for the child's behavior and academic progress, therefore, were unrealistic. In actual fact, this particular child's father was an assistant military attache in the embassy of a small Central American country here in Washington, D.C.; and not at all atypical in that he spoke no English, came from a small village, and had never finished grade school.

The role of this team in working with the parents of LEP children in particular is significant. Often times the best source of information about a child is the parent. Because of the language barrier and more frequently the cultural barrier, LEP parents are not anxious to share problem situations with school officials. This can and often has led to not only incomplete school records but faulty ones. While MCPS referral, assessment, and placement procedures emphasize working with the parents of handicapped children, monolingual staff have not always been successful in this activity. In many cultures, there is a reticence on the part of parents to discuss what may be considered a disgrace or a shame and what in their own country is probably not something with which the government is prepared to help.

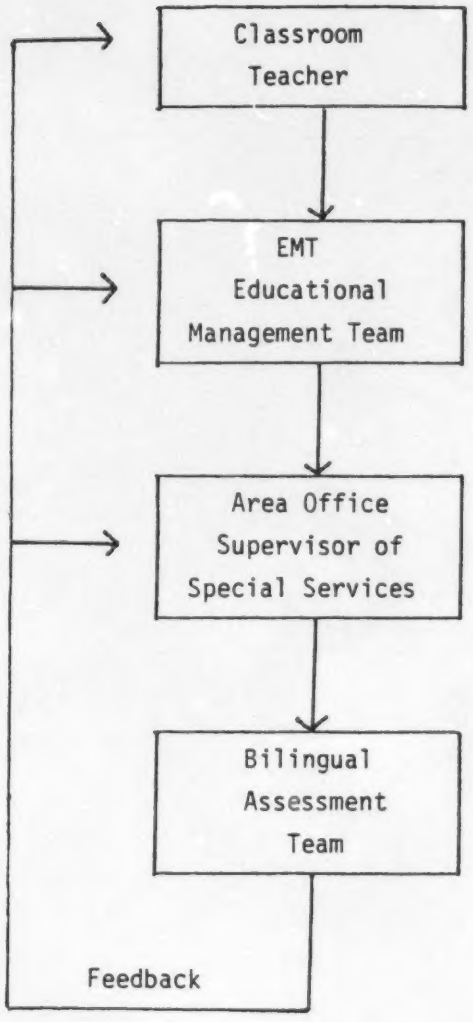
Perhaps the most successful aspect of the bilingual assessment team concept has been to focus attention on the need for a nonbiased assessment of LEP students. Referrals to the team have been coming in at an

alarmingly high rate. The team, therefore, has had to do a great deal of training of those who do the referring so that in the future only warranted referrals will be made. Nevertheless, it would appear that many throughout the school system, both in general education as well as in special education or ESL/bilingual, have been waiting for a group such as this to come along and help them with their concerns and problems in this area. It would appear, therefore, that this approach of a multidisciplinary centralized mobile team has much to recommend it over other approaches such as training existing psychologists and special education diagnosticians on a decentralized basis. Perhaps after a period of several years of remediation in this area, our school system can utilize one of those other approaches as well; but for the time being, this school system and probably many others need to demonstrate commitment and concern, focus responsibility and attention, provide appropriate language and cultural skills and knowledge to sensitizing and training staff and working with parents to overcome built-in antipathy toward assessment; and this probably can best be achieved by utilizing a multidisciplinary centralized mobile team approach.

Just as in the usual referral process for Anglo children, concerns regarding possible handicapping conditions of LEP children are referred through the school's educational management team and its administrative area headquarters to the bilingual assessment team. (See Table VII) Once each week referrals are reviewed by the team, meeting as a committee under the general chairmanship of the MCPS supervisor of special education

TABLE VII

SUMMARY OF THE REFERRAL PROCESS USED BY
THE BILINGUAL ASSESSMENT TEAM



The classroom teacher has concern about the student's progress or suspects a handicapping condition.

After hearing teacher's concerns, the EMT makes a formal request for assessment information and secures parent consent for testing.

Reviews the school's request for testing, approves the request and forwards the referral to the Bilingual Assessment Team.

Observes student in the classroom, determines language dominance, assesses student with appropriate instruments, and interprets the test information to parents and involved school personnel.

and with the consultation and assistance of the MCPS supervisor of ESL/bilingual programs. At this meeting, referral data is reviewed and assignments for follow-up are made to individual team members. Referral data usually includes academic referrals, interventions or supports previously attempted, language proficiency and dominance data, as well as medical and other information as available. Often times referral data, however, is incomplete or even misleading; and team members may have to collect baseline information themselves.

One case which is illustrative of this concerns a Liberian student whose father was stationed in Israel at the time of the child's first four years after birth. The child heard and spoke Hebrew at that time although the parents spoke an African language to him at home. The child's next three years were spent in Moscow where the father was stationed, and where the child attended a Russian language school. Subsequent to this, the family returned to Monrovia, Liberia, but had to flee because of a coup. After one year in London, the child came to this country. The problem here, of course, was one of either mixed dominance or perhaps no dominance at all. A bilingual assessment team member may, on occasion, become an advocate as well and a source of referral to an embassy, health department, etc. In general, after accepting a referral, a team member will review records, observe the youngster, conference with teachers, and develop a rapport and conference with parents before deciding what additional testing may be required. Certainly if language dominance has not yet been determined, a team

member would endeavor to do so. If testing is warranted, a team member will first obtain informed consent and then, depending on the language dominance, either administer the appropriate instrument in the child's native language if available or administer an English language version which the examiners may translate as they administer. If the examiner is not fluent in the child's language, he or she may either try to secure the services on a contractual basis of a qualified examiner who is fluent in the child's native language or, if such an individual is not available, secure the services of an individual who can act as an interpreter/translator for the team member. Generally speaking, team members usually are able to secure appropriate instruments in Spanish language versions rather than in other languages. Lists of both translations and native language versions of various standardized tests are available from a number of sources such as the National Clearinghouse on Bilingual Education and from publications like Carolyn Compton's A Guide to 65 Tests in Special Education (Feoron Education, Belmont, California, 1980).

Generally speaking, over-reliance on native language versions and/or translations of standardized instruments is not recommended as a viable approach to achieving nonbiased assessment of LEP children suspected of being handicapped. This caveat is particularly pertinent for school systems like MCPS which are characterized by extreme heterogeneity in the makeup of LEP populations. The instrument which is normed for Mexican Americans, for example, simply because it is a Spanish language test is not necessarily valid for Spanish speaking Puerto Ricans or Nicaraguans.

The bilingual assessment concept, while cognizant of the need to constantly search out and assess native language versions and translations of standardized and other instruments, relies more on the understanding and skill of bilingual staff utilizing appropriate human and material resources. To the extent that other school systems experience LEP populations representing such great numbers of different language groups and so many different subcultures within even the same language groups, this approach may also be useful.

APPENDIX A

LANGUAGES OF LIMITED ENGLISH PROFICIENT STUDENTS WITHIN MONTGOMERY COUNTY PUBLIC SCHOOLS

Afrikaan
Amharic (Ethiopia)
Arabic
Armenian
Assandeh (Africa)
Basque
Bemba (zambia)
Bengali (India)
Bimbia (Zambia)
Boussa (Africa)
Bulgarian
Burmese
Chamorro(Guam)
Chinese
- Cantonese
- Fukienese
- Mandarin
- Shanghaise
- Taiwanese

Czech
Danish
Dinka (Sudan)
Dutch
English, Caribbean
Ere/Erei (Nigeria)
Estonian
Fang(Gamboa)
Farsi/Persian
Filipino/Pilipino
Finnish
Fore (Papua, New Guinea)
French
- Creole
- Patois (Haiti)

Ga
German
Greek
Guarani (Paraguay)
Gujerati (India)
Hausa
Hebrew
Hindi
Hmong
Hungarian
Indonesian
Italian
Japanese
Javanese
Jola
Kashmiri(India)
Kikuyu (Africa)
Kirundi (Burundi)
Khmer (Cambodia)
Kulu'ba (Nigeria)
Korean
Lao (Laos)
Lingala (Africa)
Luganda (Uganda)
Makoane (Africa)
Malay
Mina
Norwegian
- Boksmal
- Landsmal

Nepali
Polish
Ponapean
Portuguese
Punjabi (India)
Rumanian
Russian
Samoan
Serbo-Croatian
Sinhalese (Ceylon)
Somali
Songhay (Africa)
Spanish
Swahili (Africa)
Swedish
Tagalog (Philip.)
Tamil (India)
Thai
Tshiga
Turkish
Twi (Ghana)
Ukranian
Urdu
Vietnamese
Yoruba (Africa)
Yugoslavian

REFERENCES

Access to Continuum Education Services. Rockville: Montgomery County, Maryland, Public Schools, 1979.

Compton, Carolyn. A Guide to 65 Tests for Special Education. Belmont: Fearon Education, 1980.

Education of Handicapped Children Act. U. S. Congress, Public Law 94-142, Part B, 1975.

Haines, Patricia and Rosen, Pamela (eds.). ETS Test Collection (Tests for Spanish-Speakers, Ages 10-Adults). Princeton: Educational Testing Service, 1978.

Mercer, J. R. "I. Q.: The Lethal Label" Psychology Today 6 (September 1972): 44-47.

Mercer, J. R. and Lewis, J. F. System of Multicultural Pluralistic Assessment (SOMPA). New York: Harcourt Brace Jovanavich, 1977.

Rosen, Pamela (ed.). Head Start Test Collection (Tests for Spanish Speaking Children). Princeton: Educational Testing Service, 1977.